TENNESSEE DEPARTMENT OF REVENUE TAXPAYER AND VEHICLE SERVICES DIVISION MOTOR CARRIER SECTION 1148 FOSTER AVENUE NASHVILLE, TN 37210

FORM A-1 EXEMPT REGISTRATION UNIFORM APPLICATION EXEMPT REGISTRATION OF INTERSTATE MOTOR CARRIERS EXEMPTED FROM FMCSA REGULATIONS

There is not a registration fee.

| Total Number of Vehicles | |
|---|----|
| 2. \$8.00 Per Vehicle – (Line 1 x line 2) | \$ |
| 3. Total Amount Due: (Total line 2) | \$ |

| FEIN/SSN: | US DOT Number: | |
|---|-------------------|----------|
| Company Name: | | |
| D/B/A (if applicable): | | |
| Physical Address: | | |
| City | State | Zip Code |
| Mailing Address: | | |
| City | State | Zip Code |
| Telephone Number: | Fax Number: _ | |
| Carrier Type: ☐ Individual ☐ Partnership | □ Corporation □ L | LC |
| Officer/Owners Name: | | |
| Proof of Public Liability Insurance (Check | One) | |
| ☐ GVWR over 10,000 lbs. Form E, MCS☐ GVWR 10,000 lbs or less Form E, MCS☐ | | |
| Name of Insurance Company: | | |
| Name of Insurance Representative: | | |
| Telephone Number of Insurance Company: Fax Number of Insurance Company: E-Mail Address: | | |

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| • | ludes Hazardous Waste) ul Hazardous Materials that r Title CFR 387. | equire the following limit | s in | |
|---|---|-----------------------------|----------|--|
| Check One Box: ☐ Public Liability and Property Damage Insurance of \$1 Million Dollars ☐ Public Liability and Property Damage Insurance of \$5 Million Dollars | | | | |
| Tennessee Process Age Process By a Tennessee I | nt – This must be a BOC-3 For Resident. | rm or a Designation for Ser | vice of | |
| | nent le undersigned declares that the lauthorized to execute and file the | | | |
| Signature: | Title: | Date: | | |
| • | ed application with payment to 00 Deaderick Street, Andrew J | • | • | |
| Should you have any ques | tions please call this office at 6 | 315-687-2285 or fax 615-25 | 53-2283. | |